events combination BRAF/MEK inhibitors and ICI (triplet therapy) are being evaluated to optimize outcomes. With several trials due to report, oncologists need education to stay up-to-date on the available data and contextualize this potential treatment option.

Methods An online continuing education (CME) activity consisting of a multi-media 30-minute video panel discussion of the rationale, available clinical trial data, and future directions of triplet therapy for the treatment of advanced BRAF-mutated melanoma. Educational effect was assessed using a repeated pairs pre-assessment/post-assessment study design and compared the pre- and post-assessment responses. A chi-square test was used to identify differences between pre- and post-assessment responses. Effect size was calculated using Cramer’s V test by determining the strength of the association between the activity and the outcomes (V = 0.16–0.26 is considerable and V > 0.26 is extensive). P values were calculated and those < 0.05 were considered statistically significant.

Data from oncologists were collected between 12/23/19 through 2/26/20.

Results Participation in education resulted in statistically significant improvements and noticeable educational effect for oncologists (n=49; p < 0.05, V =0.136). 39% of pre-assessment questions were correctly answered increasing to 52% post-assessment. 15% of oncologists had a measurable improvement in confidence regarding the rationale for use of triplet therapy in advanced melanoma. Significant improvement in knowledge regarding clinical trial data in triplet therapy was observed (35% vs. 55%; p < 0.05, V = 0.205).

Conclusions This online, interactive, expert-led, CME-certified educational activity resulted in significant gains in oncologist knowledge and confidence regarding triplet therapy in the management of melanoma. These results demonstrate the effectiveness of on-demand education but also highlight an ongoing need for education on this topic as further data becomes available.

Acknowledgements This educational initiative was supported through educational grants from Novartis Pharmaceuticals Corporation and Genentech

REFERENCE

489 THE IMPACT OF EDUCATION ON NOVEL CONCEPTS IN ADJUVANT MELANOMA: A CLOSER LOOK AT HIGH RISK STAGE II DISEASE

Kirjal Parikh*, Charlotte Warren, Emily Van Laar, Jason Luke. Medscape Oncology, Houston, TX, USA; UPMC Hillman Cancer Center, Pittsburgh, PA, USA

Background Adjuvant therapy for patients with melanoma is currently recommended for patients with stage III disease with either immune checkpoint inhibitors or combination dabrafenib/trametinib based on BRAF-status. Adjuvant treatment demonstrates improvement in recurrence-free survival and overall survival. However, risk models suggesting that patients with stage IIIA disease may have a higher risk of recurrence than patients with stage IIIB/IIC disease have prompted exploration into the use of adjuvant therapy in this patient subgroup as well. With several ongoing trials due to report, oncologists need education to stay up-to-date on the available data and contextualize this potential treatment option to implement therapy at the earliest point of clinical benefit to patients while also collaborating with surgical teams for optimal care planning.

Methods An online continuing education (CME) activity consisted of a multi-media 30-minute video panel of a medical oncologist and surgical oncologist discussing the rationale, available clinical trial data, and future directions of adjuvant therapy for the treatment of patients with stage II melanoma. Educational effect was assessed using a repeated paired pre-assessment/post-assessment study design and compared the pre- and post-assessment responses. A chi-square test was used to identify differences between pre- and post-assessment responses. Effect size was calculated using Cramer’s V test by determining the strength of the association between the activity and the outcomes (V = 0.16–0.26 is considerable and V > 0.26 is extensive). P values were calculated and those < 0.05 were considered statistically significant.

Data from 65 oncologists and 138 surgeons are represented here through 8/12/2020.

Results Participation in education resulted noticeable educational effects for both oncologists (p < 0.01, V=0.143) and surgeons (p = 0.001, V=0.114): Statistically significant improvements in knowledge and competence were also seen regarding -Knowledge regarding the rationale for adjuvant therapy in stage II disease Oncologists: 46% pre; 69% post, p < 0.01 Surgeons: 24% pre; 36% post, p < 0.05 -Compliance utilizing patient and tumor characteristics to identify potential candidates for adjuvant therapy in stage II disease Oncologists: 52% pre; 77% post, p < 0.01 Surgeons: 29% pre; 43% post, p < 0.05 -Increase in confidence was also observed for coordinating with the multidisciplinary team to augment surgical care with potential systemic adjuvant treatment for eligible patients 22% improvement for oncologists o 19% improvement for surgeons

Conclusions This online, interactive, multi-media, expert-led, CME-certified educational activity resulted in significant gains in oncologist and surgeon knowledge and competence with improvements in confidence regarding the role of adjuvant therapy in the management of high risk stage II melanoma and recommending clinical trials for eligible patients. These results demonstrate the effectiveness of education, especially in online and on-demand formats and those requiring cross-disciplinary collaboration, and also highlights an ongoing need to further educate on this topic.

Acknowledgements This educational initiative was supported through independent educational grants from Bristol Myers Squibb.

REFERENCE

490 AN IMMUNO-ONCOLOGY CENSUS: ASSESSMENT OF CLINICIAN KNOWLEDGE AND EDUCATIONAL NEEDS IN 2020

Janelle Schrag*, Fitzgerald Draper, Monique Dawkins, Loma Lucas, Leigh Boehmer. Association of Community Cancer Centers, Rockville, MD, USA
DEVELOPING EDUCATIONAL MATERIALS ABOUT IMMUNOTHERAPY FOR PATIENTS AND THEIR CAREGIVERS

Maria Gonzalez, Claire Saxton, Kirstin Fearnley, Jenny Karubian, Nick Power, Alyssa Jaisle, Cancer Support Community, Washington, DC; Ready to Launch Research, Los Angeles, CA, USA

Background As the use of immunotherapy as treatment for cancer patients continues to expand, it is important that patients and caregivers have access to relevant educational and community resources to support them in making informed decisions and receiving optimal care. To help meet these needs, the Cancer Support Community (CSC) designed Frankly Speaking About Cancer (FSAC): Immunotherapy. The intent of FSAC: Immunotherapy is to act as a patient education resource that offers information about immunotherapy, side effects, psychosocial impacts, and patient-provider communication. It is critical to gather stakeholder feedback when developing such programs to ensure all information and resources are appropriate and useful to the target audience. To achieve this, CSC worked with patients and caregivers to get feedback and refine the FSAC: Immunotherapy educational materials.

Methods In June 2020, CSC facilitated a virtual discussion board with cancer patients that have received immunotherapy (N = 8) and their caregivers (N = 2). Participants were asked to talk through and provide feedback on two booklets: FSAC: Immunotherapy and FSAC: Immunotherapy & Lung Cancer. Participants reviewed the booklets and answered open-ended questions about clarity and completeness of information. Sample points of discussion focused on their comprehension and perception of information regarding immunotherapy, immunotherapy options, side effects, and decision-making.

Results Qualitative analysis of discussion board responses revealed that while participants judged most of the content to be clear and informative, they desired more information about differences between immunotherapy types, technical terms, and cost. Specific requests included: Explain how types of immunotherapies differ from one another. Provide information on oncolytic vaccines and how they work. Clarify if immunotherapy can be used in adjuvant treatment or just in metastatic disease. Add information about costs associated with immunotherapy treatment and common practices in health insurance reimbursement. Add information about how is immunotherapy administered.

Conclusions Patients and caregivers provide valuable perspectives to those creating educational resources. Incorporating these stakeholder voices can increase the effectiveness of materials and should continue throughout the resource development processes. Regarding implementation, CSC distributes the booklets at no charge to cancer patients and caregivers via its internal network of almost 50 Cancer Support Communities and Gilda’s Clubs worldwide, the CancerSupportCommunity.org webpage, and partner patient advocacy groups. We also promote these materials to the medical community and allow them to order/download it, at no charge, to help patients undergoing immunotherapy treatment and their caregivers.

Acknowledgements This project was supported by grants from Bristol Myers Squibb, Lilly, EMD Serono, and Pfizer.

Ethics Approval This study was conducted under IRB-exempt protocols [category 45 CFR 46.101(b) 2].

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http://dx.doi.org/10.1136/jitc-2020-SITC2020.0491

http://dx.doi.org/10.1136/jitc-2020-SITC2020.0490